



Office of the Illinois
State Fire Marshal
"Partnering With the Fire Service to Protect Illinois"

TECHNICAL SERVICES DIVISION
Phone: 312-814-8960 Fax: 312-814-3459 E-mail: SFM.Techservices@illinois.gov

FIRE ALARM PLAN SUBMITTAL FORM

OSFM Plan # _____

PROPERTY INFORMATION

Building/Facility Name:			
Address:	City:	Zip:	County:
Owner:			
Owner Address:			
Owner Phone:	Fax:	Email:	
Local Fire Department:			

SYSTEM DESIGNER/FIRE ALARM CONTRACTOR

Company Contact Name:			
Company Name:		Illinois License #:	
Address:	City:	Zip:	
Phone:	Fax:	Email:	

BUILDING INFORMATION

How many stories? _____

Basement: ☐ Yes ☐ No If yes, ☐ Finished ☐ Unfinished ☐ Partially finished

Attic: ☐ Yes ☐ No If yes, what is attic used for? _____

Construction Type (as identified by either NFPA 220 or International Building Code): _____

- ☐ New building under construction with new fire alarm system
☐ Existing building with new retrofitted fire alarm system
☐ Revising existing fire alarm system in an existing building

Occupancy Classification [as defined in NFPA 101-Life Safety Code (2000)]

- | | | | |
|--------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Ambulatory health care* | <input type="checkbox"/> Assembly | <input type="checkbox"/> Business | <input type="checkbox"/> Day-care center*** |
| <input type="checkbox"/> Day-care home*** | <input type="checkbox"/> Detention and Correctional | <input type="checkbox"/> Dormitory | <input type="checkbox"/> Educational** |
| <input type="checkbox"/> Health care* | <input type="checkbox"/> Hotel/motel | <input type="checkbox"/> Industrial | <input type="checkbox"/> Lodging/rooming house |
| <input type="checkbox"/> Mercantile | <input type="checkbox"/> One- or Two-family dwelling | <input type="checkbox"/> Residential board and care-small facility or CILA | <input type="checkbox"/> Residential board and care-large facility* |
| <input type="checkbox"/> Storage | <input type="checkbox"/> Other classification | | |

*Plans for a facility licensed by Illinois Department of Public Health must be submitted to IDPH and not to OSFM

**Public school plans must be submitted to the applicable Regional Office of Education and not to OSFM

***Classification of day-care centers and homes are per Dept. of Children and Family Services, and not NFPA 101

FIRE ALARM SYSTEM DESIGN AND INSTALLATION INFORMATION

NFPA Design Standard (check all that apply)

- ☐ NFPA 72 edition _____
- ☐ Other, identify standard and edition _____

Additional Information Needed For All Systems:

- ☐ Riser diagrams
- ☐ Voltage drop calculations
- ☐ Battery calculations
- ☐ Manufacturer's specification sheets for all components that clearly identify model type and associated information needed to review battery calculations and voltage drops
- ☐ Elevation or section views needed for installation related to geometry or structural configuration
- ☐ Schedule of fire alarm symbols
- ☐ Schedule of all wiring gauge and lengths used confirming what is permitted by manufacturer.

☐ Describe below areas that will have components omitted per NFPA 72. [Confirm with NFPA 101-*Life Safety Code* (2000) or other State rule/statute that the components are permitted to be omitted or that special construction requirements are necessary for the components to be omitted. More stringent requirement takes precedent.]

ANY OTHER COMMENTS OR NECESSARY INFORMATION:

Submitted by: _____
(print name)

Date: _____

Signature: _____